Apparently … Homey Does Play That Game!

By Zoe Kiren Deol, MD, FACS

As I pack for my much-anticipated trip to Dubai (which I affectionately refer to as the “Lost Vegas” of the Middle East), and Jordan, I am making a conscious effort to recite my meditation mantra over and over in my head in an attempt to remain calm. I am what you might call a “nervous flyer”. This stems from what I have recently diagnosed as a progressive case of PTSD brought on by a Lufthansa flight I took in 1986 from Frankfurt, Germany to … well it never actually got to its intended destination. A terrorist bomb exploded in one of the engines, lighting the wing I was seated next to up in a ball of flames as we were making a turn over Gander, Newfoundland. I was only 18 years old, returning from a summer trip to Paris before I started my long journey through college, medical school, and residency, into a career that I had innocently glorified in my mind to the point of being otherworldly. However, as our plane took its nose-dive, and we assumed our crash positions, I distinctly remember seeing caribou running across the fast approaching landscape and wondered if my journey would end here.

Our landing was decidedly much smoother than the debacle of evacuating the plane. The fire had caused electrical problems resulting in only one functioning emergency exit and chute to open. That exit was in the front, right-hand side of the plane, and I was seated in the rear left hand side of the plane. I was surprisingly calm throughout this whole episode, even when I learned that this very same plane subsequently exploded in the hanger in Gander several days later from other, undiscovered, and thankfully malfunctioning, bombs. Maybe my calm demeanor

was a result of the fact that this type of attack was not really *in Vogue* back then, so the reality of the situation did not sink in until much later in life. Somewhere along the road of life, you hit a fork. Your youth and sense of invincibility goes in one direction while you go in the other direction, which always leads you to a destination where you become acutely aware of your mortality.

So, when I pack for a trip, I make a point to turn the TV from its usual HLN, or CNN channel, and instead pick something mindless and, if possible, funny to distract me. That is how I ended up half-listening to Homer Simpson as I tried to decide how many pairs of high heels would qualify as being "too much". It was not necessarily Homer's heart attack that caught my attention. Instead it was the course of events that took place after he was resuscitated in the emergency room that chilled me to the core. Homer did not have health insurance. Apparently, Mr. Burns did not offer an employee health plan at the Springfield nuclear power plant. After Homer faced the bad news about his impending doom if he didn't undergo bypass surgery, he learned that his surgery would cost him 30,000 (and the price immediately jumped to 40,000 as soon Homer grabbed his chest in shock over the price). Homer then applied for health insurance but was rejected as soon as they discovered that he had a pre-existing heart condition. This whole show may have actually been funny if it had not been so realistic.

Everyone has heard about Melanie, the woman in St. Louis who recently died of stage 4 breast cancer. Melanie died because she delayed her treatment since she could not afford health insurance. President Obama had met with her and used her as an example of the need for urgency in health care reform. The trouble is that everyone involved in health care reform has his or her own agenda. As a physician, my priorities are to see a form of health care that covers everyone, reimburses physicians fairly, and includes appropriate torte reform. The hospitals would like to see a health system that affords coverage to everyone, increases hospital reimbursement, and gives hospitals concessions for losses they write off. The insurance companies would like to see a plan that would mandate coverage to everyone while giving themselves a large piece of the "coverage pie". The members of congress who are writing this reform would like to see ….. themselves get re-elected. With the exception of congress, the common thread here is that every party involved wants a form of healthcare reform that would include affordable coverage for everyone. After all, isn't that the foundation of this whole system? Isn't our ultimate goal aimed at caring for people and putting an end to preventable deaths like Melanie's?

Although I would like to see everything on my own agenda included in this reform, I know that the more "hot-button" topics included in the bill, the more the children in congress will fight over it, and nothing will ever get done. Perhaps we should get back to basics and pass a bill that will help the most people in the quickest way possible, and then later, add to it by passing subsequent bills to cover all of the contentious subjects. They say that Rome wasn't built in a day. Well, I guarantee that it was much quicker to build Rome than it would have been to renovate it. That is what we are trying to do with our health care system. At one time, it had a strong foundation and sturdy walls that protected everyone and made everyone happy. Somewhere along the way, the landlords got reckless and destructive. Now, it is

basically a tear down, but we are still trying to patch it together with caulking and Compound 90. I am willing to forego the hardwood floors and functioning appliances (for now) in exchange for putting a roof over everyone's head. The cost of doing nothing is simply too high.

In a sick form of "art imitating life", Homer Simpson did what people in our country have now resorted to doing. He went searching for a bargain basement health care. He found a self-taught heart surgeon, Nick Riviera, to do his coronary artery bypass. Fortunately his daughter, Lisa, read up on the surgery beforehand and walked the doctor through it. In reality, some people do search out potentially unqualified physicians to care for them at more affordable rates, while others are forced to forego treatment altogether. Either way, the outcomes are not good. However, there is a fairly recent phenomenon on the rise called "Medical Tourism".

While the concept of traveling to a foreign country to receive medical care is not new, it is surprising to learn that the tides have turned from the US as being a major destination of medical tourists, to the more recent outward flux of US citizens traveling to foreign countries to receive medical care. The major difference between the two tides used to be, those who came to the US for care were coming for the superior quality of care. Money was no object. However, those that left the US in search of medical care were searching for cheaper alternatives. I remember my internship in general surgery at the Cleveland Clinic in Ohio. My very first case as a surgery resident was a hernia repair on the Prime Justice of Egypt. He flew, with his entourage, to have the best care in the world for his routine hernia repair. He got an intern who was doing her first case. It was an interesting experience for me though since Egyptian custom dictated that I round on my patient in his first class hotel suite at the attached Omni Hotel. I later learned that my attending knew of this custom, which is why he made me do the case. He did not want the inconvenience of having to sit down for tea and a chat every morning when he had a full schedule for the day.

Today, however, medical tourism has advance to the point that you can receive the same world-renowned care you would expect in the US, but for a fraction of the cost at a foreign destination. For example, while I am in Jordan, I will be meeting with a hospital that has affiliations with Johns Hopkins and the Mayo Clinic. Their surgeons are Harvard and Oxford trained physicians. Their treatment and care are cutting edge and luxurious. However, the cost is just a fraction of what you would be facing for the same care in the US. How can it be that we have successfully exported a functioning healthcare system, yet we are unable to establish one domestically? That is what I intend to find out while I am in Jordan. I plan to write a synopsis, and translate it into words that congress can understand. After all, if Homer Simpson gets it, can congress be that far behind?

What do you think? E-mail zoedeol@msn.com [1]

Dr. Deol is a self-employed, board-certified general surgeon.

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